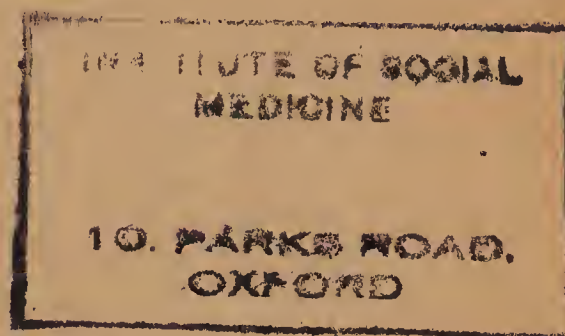


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COUNTY BOROUGH OF WARRINGTON



# ANNUAL REPORT

*to the*

EDUCATION COMMITTEE

*on the work of the*

SCHOOL HEALTH SERVICE

*for the year*

1950

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

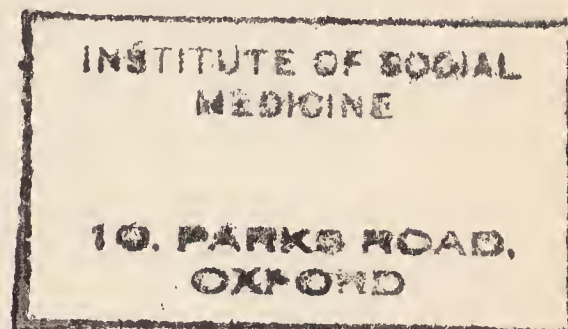
*Medical Officer of Health and  
School Medical Officer*

HEALTH DEPARTMENT, SANKEY ST., WARRINGTON

66461



COUNTY BOROUGH OF WARRINGTON



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SCHOOL MEDICAL SERVICE

SUB - COMMITTEE

(As at 31st December, 1950)

Chairman:

Alderman E. MARSHALL, J.P.

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING, J.P.

Alderman H. MASSEY

Councillor W. G. CALDWELL, LL.B.

Councillor J. DAGNALL

Councillor H. GRAY, J.P.

Councillor Mrs. M. HARDMAN

Councillor Mrs. A. L. HINDLE

Councillor G. H. RIGBY

Mr. J. HELSBY, J.P.

Rev. J. RUSSELL

Ex Officio:

Councillor H. R. GALE, J.P. (Mayor)

Alderman D. PLINSTON, J.P. (Chairman of  
the Education Committee)

Rev. E. DOWNHAM, B.A. (Deputy-Chairman  
of the Education Committee)

---

Chief Education Officer: H. M. PHILLIPSON, M.A.

## S T A F F

School Medical Officer: Eric H. Moore, B.Sc., M.B., Ch.B.,  
M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer: Stanley R. Warren, M.B., Ch.B., D.P.H.

Assistant School Medical Officers: Margaret L. Taylor, M.B., Ch.B.

Gordon S. Carrick, M.B., Ch.B.,  
D.P.H., D.I.H.

Senior Dental Officer: William C. Parr, L.D.S. (Liverpool)

Assistant Dental Officer: Mrs. Phyllis E. Lawton, L.D.S. (Manchester)

Superintendent of Health Visitors and School Nurses: Miss E. Semple

Health Visitors/School Nurses: Miss J. Twist  
Miss S.M. Swift  
Miss M. Lea  
Miss L. Kandermann  
Miss M. Rowe  
Mrs. E.E. Lynch

Clinic Nurses: Mrs. M. Cade  
Mrs. M. Robinson

Orthoptists: Miss K.M. Swale  
Miss J. Meikle

Speech Therapist: Miss I.W. Hastings, L.C.S.T. (resigned 31.12.50)

Dental Attendants: Miss R. Lygo  
Miss A.M. Corradine

## VISITING CONSULTANTS

Orthopaedic: Mr. Geoffrey S. Robinson, M.Ch., M.B., M.R.C.S., L.R.C.P.

Ophthalmic: Dr. Sydney B. Smith, M.R.C.S., L.R.C.P., D.O.M.S. (R.C.P.& S.)

Ear, Nose and Throat: Mr. Walter E. Hunter, M.A., M.R.C.S., L.R.C.P.

## CLERICAL STAFF

Senior School Health Service Clerk: J. Acton

Assistant School Health Service Clerk: J. Bibby

Medical Inspection Clerk: Miss S. Scarisbrick

Clerk/Typist: Miss B. Fairclough

Dental Clerk: Miss B. Whitlow



## SCHOOL CLINICS

### INSPECTION CLINIC (Health Department, Sankey Street):

Monday to Saturday	Examination of cases referred by
9.0 a.m. to 10.30 a.m.	Teachers, School Attendance Officers, School Nurses, etc.

### MINOR AILMENTS CLINIC (Health Department, Sankey Street):

Monday to Saturday	Treatment of contagious diseases
9.0 a.m. to 10.30 a.m.	of the skin, eyes, etc.

### DENTAL CLINIC:

Monday to Saturday	Dental treatment (including
(by appointment)	orthodontic treatment).

### ORTHOPAEDIC CLINIC (Warrington General Hospital):

Examinations - Every fourth Tuesday, 9.0 a.m.

Treatment -

Monday and Wednesday	Treatment of postural and
9.30 a.m. to 11.30 a.m.	crippling defects, etc.

### EAR, NOSE AND THROAT CLINIC (Health Department, Sankey Street):

Examinations -

Wednesday, 4.30 p.m.

Out-Patient treatment -

Daily (by appointment)

Operations -

Thursday evening (at Warrington General Hospital)

### OPHTHALMIC CLINIC (Warrington General Hospital):

Friday, 9.0 a.m.	Examination and treatment of errors
(by appointment)	of refraction and squint.

### ORTHOPTIC CLINIC (Warrington General Hospital):

Monday to Friday	Treatment of cases of squint.
9.30 a.m. to 4.30 p.m.	

### SPEECH THERAPY CLINIC (Arpley Street):

Monday to Wednesday	Treatment of defects of speech.
9.30 a.m. to 4.30 p.m.	

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you a report on the School Health Services for the year 1950.

This has been the second complete year of operation of the National Health Service Act, 1946, and the many new systems of co-operation between various services which were set up during the previous year, have enabled most of our services to continue with little alteration.

The general state of school health during the year has continued to be satisfactory, but the heavy demand upon the dental officers for emergency treatment has continued, and, as previously stressed, this position is made more difficult owing to the unsatisfactory and inadequate dental clinic facilities. It is to be hoped that in the very near future it will be possible to establish a more satisfactory clinic in suitable premises.

The urgent need for a child guidance clinic is evident but at present there are neither premises nor staff available for this service. If premises can be found it is hoped that a clinic may be established within the next year.

I am deeply grateful to the Chairman and Members of the Committee for their interest, encouragement and support, during my period of office. I must also acknowledge the wholehearted co-operation of all professional and clerical members of the staff upon whom the high standard of the service depends, the freely given help of the Chief Education Officer and officers of other departments, and also the general practitioners and hospital staffs, who have so materially assisted in the smooth operation of the service.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

School Medical Officer.



## INTRODUCTION

### STAFF

The authority was fortunate during the year under review in having the services of a full complement of medical staff.

We were also fortunate in retaining the services of the two dental officers, contrary to the experience of many authorities who found themselves in great difficulties in this regard. Their duties, however, now include the inspection and treatment of expectant mothers and infants, resulting in a great increase in pressure on time available for purely school medical work. I am indebted to Mr. Parr, the Senior Dental Officer, for the following report:-

No diminution in the amount of emergency work has been noticed in the year and the figures are still very high.

At the present time inspections of school children are not possible within the year and are made approximately every 15 months.

The treatment completed shows little change from the previous year, though there have been numerous partial dentures supplied, mainly to children of the higher school leaving age group.

A further decline in the dental standard of school entrants has been noted, and it is regretted that the high standard of the immediate post-war years in this respect seems to have been lost.

The prospect of new accommodation and facilities is warmly welcomed.

Some difficulty has again been experienced in obtaining the services of health visitors and school nurses, and for the whole year the nursing staff was below strength.

### LIAISON WITH OTHER SERVICES

The difficult period following the transfer of functions under the National Health Service Acts has been encountered with patience on all sides, and there now exists a good state of accord between this authority and all bodies and individuals concerned with the health and care of schoolchildren.

As in previous years the closest co-operation has been maintained between the School Health Service and the other services of the Health Department, a procedure simplified by the fact that the medical and nursing staffs also carry out duties in the Health Department, particularly in regard to child welfare. The infant welfare records are handed on to the School Health Service when children reach the age of five years, and all notes of importance are transferred to the school medical record cards.

Close contact has also been maintained with the various sections of the Education Department, particularly the School Attendance Department, to whom we are indebted for their valuable assistance in many directions; and with the Children's Department.

#### HANDICAPPED PUPILS

This is probably the most difficult aspect of our school health service. Handicapped pupils form a very small proportion of the total, but require a special degree of attention to fit them for their adult life. Too often we are faced with the problem of their disposal, as distinct from their medical treatment and supervision; as will be realised from the appropriate section in this report, we are unable to fulfil our duty to many of these children by reason of scarcity of accommodation, both national and local, in special schools and institutions. This problem is by no means confined to Warrington, but every effort should be made to remedy this deficiency (see notes on the Local Authority's proposals for special school accommodation).

#### ANCILLARY SERVICES AND HEALTH EDUCATION

These have proceeded on normal lines and there is every reason to believe the health of the schoolchildren has been thereby improved. In addition to the nursery schools, day nurseries, though outside the sphere of the School Health Service, have contributed much towards the education of the mothers of potential schoolchildren.

School meals and milk also play a silent and unspectacular but, if we may believe past experience, substantial part in improving child nutrition and physique.

### M E D I C A L    I N S P E C T I O N

#### ROUTINE INSPECTIONS

The Periodic Medical Inspections are conducted by the Assistant Medical Officers at the various schools in the borough and are carried out on the school premises. The Ministry of Education schedule of inspections is followed.

The Handicapped Pupils and School Health Service Regulations, 1945 provide that pupils shall undergo a thorough medical examination at the following times in their school life:-

- (a) as soon as possible after admission to a maintained school.
- (b) during the last year of attendance at a maintained primary school.
- (c) during the last year of attendance at a maintained secondary school.



During the year under review we completed the examination of the Entrant Group which had not been finished by the previous 31st December. Then followed the examination of the Intermediate Group, i.e., those children due to be transferred to Secondary Schools at Midsummer, 1950, together with the Third Age Group (children due to leave school at Christmas, 1950).

For administrative reasons it was decided that the usual practice of examining the Entrant Group between August and December and the Intermediate Group between January and July should be reversed, and the examination of the new Intermediate Group therefore commenced in August, 1950. This group, together with part of the Third Age Group, was completed by the end of November and a start was made on the Entrant Group.

As a consequence the number of examinations during the year in the Entrant Group was relatively low, while the number examined in the Intermediate Group was approximately twice the usual figure.

In addition to the above groups the children in the nursery classes were also examined. Details are included under the Heading "Other Periodic Inspections" in the statistical tables, and some further comments will be found under "Ancillary Services".

Comparative figures of the total number of periodic inspections for the last four years are given below:-

1950: 4,293	1949: 3,900	1948: 3,206	1947: 3,401
-------------	-------------	-------------	-------------

#### SPECIAL EXAMINATIONS AND RE-EXAMINATIONS

The teachers are encouraged to bring before the Medical Officer at the time of the Periodic Inspection any child not progressing satisfactorily or showing signs of illness. Such a child is then examined or referred to the clinic for examination, treatment and advice.

Children referred for observation at a routine inspection are seen by appointment at the School Clinic, this being a departure from the previous practice. No observation inspections are now made on the school premises.

This procedure allows greater time for examination and also often permits of an interview with the parent, which in many cases was not possible in school.

#### STATISTICAL SUMMARY

Out of 4,293 pupils examined at the Periodic Medical Inspections in 1950, 775 (18%) were found to require treatment for one or more defects. In addition a number had defects which required to be kept under observation although no actual treatment was necessary at the time.

These percentages, however, include all defects or injuries however slight, which are found to require treatment, and include defects both of chronic type and of temporary duration.

Table II A in the appendix gives a return of the various defects found, whilst the number of individual pupils affected is as follows:-

Group	Number of Pupils				Percentage of pupils found to require treatment	
	Inspected		Found to require treatment			
	1950	1949	1950	1949	1950	1949
Entrants ...	628	1398	173	326	% 27.5	% 23.3
Second Age Group	2234	1099	442	188	19.8	17.1
Third Age Group	1242	1075	117	129	9.4	12.0
Other Periodic Inspections	189	328	43	64	22.7	19.5
GRAND TOTALS	4293	3900	775	707	18.1	18.0

#### NUTRITION AND GENERAL CONDITION

This year shows the results of the first full year of the revised method of assessment of nutrition and general condition of children, as indicated in the Annual Report for 1949. Henceforward this system will be permanently followed and true "rough" comparisons of annual figures will be available.

For the guidance of the reader category "A" includes only children who can be regarded as exceptional in nutrition and physique, and category "C" those children who are slightly subnormal, ranging down to those with obvious defects. Finally, category "B" refers to the average children who are obviously in the majority.

The figures shown in the table below can be regarded as normal for an industrial area. Category "C" may appear to be high but as explained above it includes relatively minor deviations from the average standard.

	Number Examined	A (Good)	B (Fair)	C (Poor)
Boys ...	2142	237 11.07%	1595 74.46%	310 14.47%
Girls ...	2151	281 13.06%	1627 75.64%	243 11.30%
TOTALS	4293	518 12.07%	3222 75.05%	553 12.88%

Details of each age group will be found in Table II B in the appendix.



Most children falling into category "C" are kept under observation, and special efforts are made to contact the parents of these children when not present at the inspection, with a view to supplementing dietary deficiencies and advising on general hygiene. It is noted that a large number of these children do not appear to suffer from any specific form of illness and that the cause would appear to lie primarily in the child's domestic surroundings.

There remains the small percentage of children who apparently have no defect but appear consistently thin and undeveloped. This state appears to be quite compatible with normal health and is familiar to every school medical officer.

#### HEIGHT AND WEIGHT

The height and weight of every pupil is recorded at the Periodic Medical Inspections. A summary of the various age groups is given below and it will be seen that there is some improvement in both height and weight over last year's figures.

#### HEIGHT

	No. examined 1950	Age	1947 ft. ins.	1948 ft. ins.	1949 ft. ins.	1950 ft. ins.
<b>BOYS</b>						
Entrants ...	66	4	3. 4.6	3. 4.3	3. 5.1	3. 5
	172	5	3. 6.3	3. 6.2	3. 6.4	3. 6.3
	47	6	3. 8.1	3. 8.3	3. 8.4	3. 8.9
	17	7	3. 10.7	3. 10.5	3. 9.7	3. 10.2
Second Age Group	1098	10	4. 6.2	4. 5.7	4. 6.4	4. 6.1
Third Age Group	548	14		5. 1.5	5. 1.3	5. 1.2
Other Periodic Inspections - (Nursery Classes)	50	3	3. 1.8	3. 2.6	3. 3.2	3. 2.3
	34	4	3. 3.6	3. 4.0	3. 3.9	3. 4.1
<b>GIRLS</b>						
Entrants ...	66	4	3. 3.9	3. 4.4	3. 4.2	3. 4.3
	191	5	3. 6	3. 6.5	3. 5.9	3. 6.2
	55	6	3. 8.1	3. 8.2	3. 7.4	3. 8.0
	10	7	3. 10.1	3. 10.1	3. 9.1	3. 10.7
Second Age Group	1136	10	4. 6.5	4. 5.8	4. 6.2	4. 6
Third Age Group	524	14		5. 0.9	5. 0.6	5. 0.9
Other Periodic Inspections - (Nursery Classes)	31	3	3. 1.3	3. 1.7	3. 1.6	3. 1.6
	46	4	3. 3.4	3. 4.6	3. 3.1	3. 2.7

# WEIGHT

	No. examined 1950	Age	1947 st.lb.oz.	1948 st.lb.oz.	1949 st.lb.oz.	1950 st.lb.oz.
BOYS						
Entrants ...	66	4	2 11 1	2 13 15	2 11 15	2 13 5
	172	5	2 13 9	3 0 2	3 0 6	3 1 10
	47	6	3 3 10	3 3 4	3 3 9	3 6 4
	17	7	3 8 10	3 11 0	3 6 0	3 12 3
Second Age Group	1,098	10	5 0 0	5 1 7	5 3 7	5 2 1
Third Age Group	548	14	-	7 5 3	7 5 2	7 3 6
Other Periodic Inspections - (Nursery Classes)...	50	3	2 5 11	2 7 4	2 7 8	2 8 9
	34	4	2 9 10	2 10 11	2 10 8	2 12 4
GIRLS						
Entrants ...	66	4	2 9 6	2 9 14	2 9 9	2 12 6
	191	5	2 12 2	2 13 8	2 12 10	3 0 11
	55	6	3 2 2	3 2 13	3 1 3	3 4 4
	10	7	3 6 10	3 7 3	3 4 11	3 13 14
Second Age Group	1,136	10	5 0 8	5 0 11	5 2 7	5 1 2
Third Age Group	524	14	-	7 6 13	7 6 1	7 7 4
Other Periodic Inspections - (Nursery Classes)...	31	3	2 4 8	2 5 15	2 6 2	2 7 13
	46	4	2 8 0	2 10 1	2 8 9	2 10 13

## UNCLEANLINESS AND INFESTATION

As a result of the work of the school nurses cases of uncleanliness and infestation are very rarely found at routine inspection. Out of 4,293 children examined only 12 were found. These were promptly dealt with by exclusion and other measures.

Comments on cases found other than at routine inspections will be found under the heading "Work of the School Nurses".

## DISEASES OF THE SKIN AND MINOR AILMENTS

The incidence of skin conditions shows a gratifying decrease, particularly in regard to impetigo and scabies which have reached a very low level. In point of fact, only one case of scabies and one of impetigo were discovered at routine inspection during the year.

The total incidence of diseases of the skin and minor ailments requiring treatment was 0.6%.

In general the incidence of minor ailments found at periodic inspection is diminishing as the majority of cases are detected by the school nurses on their routine visits and treated, or referred for treatment, at the onset.



VISUAL DEFECTS

Vision was tested at the inspection of the two senior age groups only. In 73.1% of pupils examined no obvious refractive error was discovered in testing with the Snellen Test Type.

A detailed analysis of the visual testing is given below. The result of the test recorded is that of the poorer eye. A rough interpretation of the results is as follows:

6/6	...	...	...	Normal
6/9	...	...	...	Slightly sub-normal
6/12 and lower		...		Sub-normal

These classifications should not be interpreted too rigidly.

	No. examined	6/6	6/9	6/12	Wear- ing Glasses	Treat- ment re- quired	N.G. I
Second Age Group:							
Boys	1088	801	116	1	43	125	2
Girls	1130	794	153	2	57	122	2
Third Age Group:							
Boys	617	467	51	7	42	46	4
Girls	601	446	71	-	55	24	5
Other Periodic Inspections:							
Boteler Grammar	10	9	1	-	-	-	-
High School	8	7	-	-	1	-	-
TOTALS	3454	2524	392	10	198	317	13
Percentage		73.1	11.3	.3	5.7	9.2	.4

There has been no significant change in the vision of the pupils examined compared with that found in 1949.

The increase in the number found to require treatment is due to the examination of larger numbers in the intermediate group.

DEFECTS OF THE EYE

The number of cases of squint detected in 1950 was 101, giving a percentage of 2.3.

The other defects of the eye consist of blepharitis (4 cases), conjunctivitis (2 cases), and styne (3 cases).

DEAFNESS

Eight cases of deafness were discovered, seven of which were found to require treatment.

## DEFECTS OF THE EAR

Seventeen cases of otitis media were found compared with 43 last year, of which sixteen were referred for treatment. The vast majority of these aural discharges found at routine inspections are, of course, of chronic type. Every effort is made to remove the habitually complacent attitude of parents with regard to this condition and to ensure active and continuous treatment as long as is necessary.

There were also five defects of miscellaneous type of slight significance.

## NOSE AND THROAT DEFECTS

There were 216 cases of nose and throat defects requiring treatment and 63 requiring observation. The bulk of these figures, of course, consist of enlarged and diseased tonsils and adenoids which amounted to 205 (4.8% of pupils examined) referred for treatment, and 61 (1.4%) referred for observation. This makes a total of 266, with a total percentage of 6.2.

This figure of 6.2% of children who are found to be requiring treatment may appear to be somewhat high, but it should be remembered that it includes children seen at previous inspections and whose treatment has already been arranged.

The other 13 cases consist of miscellaneous conditions of varying severity from simple catarrh to sinusitis. Of these, 11 were referred for treatment and 2 for observation.

## SPEECH DEFECTS

The number of cases ascertained as having speech defects was 13 (0.3%) of whom 9 required treatment. Many of these children had already been noted and were on the waiting list of the speech therapist. This figure shows a further welcome decline.

## HEART DISEASE

At periodic medical inspection 26 suspected cases of heart disease were noted. Many of these had been discovered at an earlier stage and were already under observation. The diagnosis of heart disease in children presents many difficulties and it is impossible to give an exact figure of the number of children inspected whose hearts have been, or are, affected by disease. In those cases without reasonable doubt parents are advised about general medical care. In cases where there is considerable doubt some latitude is exercised and the child is allowed a normal routine but is kept under close observation. The total of 0.6% would appear to be somewhat high but many of these cases are eventually classed as normal children in the light of further evidence.

Nine cases were referred to the consultant physician for further advice.



## CHEST DISEASE

The total number of defects of the chest shows a slight decrease at 48 (1.1%). This number is largely made up of chronic bronchitis which is of course very prevalent in any congested urban area, especially in the winter months. In this connection it should be noted that there is often difficulty in eliminating cases of acute bronchitis of a temporary nature so that the eventual figure is probably smaller than that shown.

For convenience, under the heading of chest disease, we deal with contacts of known cases of tuberculosis. These are always referred to the tuberculosis chest physician for his observation if they have not already been seen by him. So far no case of pulmonary tuberculosis has been reported amongst those children who have been so referred. This is an important link between the School Health Service and the general medical services of the town and every effort will continue to be made to maintain the closest possible contact with the chest physician.

## ORTHOPAEDIC DEFECTS

Details of the orthopaedic defects found at routine inspections during the year are given below, the figures for the previous year being shown in brackets.

			Requiring treatment	Requiring observation
Postural defects	...		5 (8)	3 (9)
Flat foot	...	...	18 (42)	10 (32)
Other	...	...	31 (24)	17 (50)

Most of the defects referred for observation had been noted previously and were already under observation.

The decrease in the number of orthopaedic defects discovered is gratifying.

## NERVOUS AND PSYCHOLOGICAL DISORDERS

The sum total of defects under this heading is 30, of which 17 were considered to need treatment. Under the heading of "Psychological Development" 9 children had already been ascertained as educationally sub-normal and 4 further children were referred for observation. The 8 cases of psychological instability consisted mostly of enuresis.

Three children were suspected as possible cases of epilepsy and have been kept under observation.

## OTHER DEFECTS AND DISEASES

The heading "Malnutrition" comprises a number of vague terms such as debility, poor general condition, "sub-normality", etc. Six of these cases have been discovered at routine inspection but only two of these were considered to be suffering from a defect requiring treatment. It is difficult to say in most cases whether the defect is a general dietary one or due to hereditary or other environmental causes. (See remarks under Nutrition and General Condition.) This figure is quite small for an urban area.

There are 15 other miscellaneous defects found which do not readily fall under any of the headings listed above. No comment is called for on any of these.

## SPECIAL EXAMINATIONS

The special examinations fill the gaps between years of routine inspections, and the majority of defects requiring treatment are consequently seen at special examinations. These children are referred by teachers, school nurses, parents, school attendance officers, and others, who are encouraged to bring to the notice of the medical officers any children suspected to be in need of attention. These children are normally seen at the School Clinic.

The great majority of cases consist of ear, nose and throat, visual and squint, and orthopaedic defects and a large proportion were found to require treatment.

In addition the teachers are encouraged to bring before the medical officers at the time of the routine inspections any children who are not making satisfactory progress or do not appear to be well. Any such children are examined after the routine inspections are completed, or are referred to the clinic for fuller examination, advice or treatment.

The number of special examinations during 1950 was as follows:-

In the schools	...	...	...	547	(816)
At the clinic	...	...	...	3,447	(2,179)

The corresponding figures for 1949 are shown in brackets.

## EMPLOYMENT OF SCHOOL CHILDREN

Included in these figures are the examinations of children who register for employment out of school hours. The object of these examinations is to ensure that the employment undertaken will not be detrimental to the child's health.

In practice very few children are rejected for medical reasons. In point of fact, only one boy was refused a certificate of fitness for employment in the delivery of newspapers during the year.

The number of certificates granted during the year was 196, the majority of the cases being boys employed in newspaper delivery.

## TREATMENT OF DEFECTS

Defects are dealt with either at the Minor Ailments Clinic or referred to hospital or other institution for specialist treatment, or referred to the private practitioners. This latter procedure has become increasingly common since the National Health Service Act came into force, resulting in some diminution of the numbers attending the Minor Ailments Clinic.



Of the forms of treatment available the following were provided directly by the Local Education Authority - minor ailments, ear, nose and throat, speech therapy and chiropody. Other clinics are now provided by the Regional Hospital Board on the same lines as the adult services. There are other specialist clinics which are reserved wholly or mainly for schoolchildren, e.g., eye and orthopaedic.

A list of the days and hours of attendance at the clinics is given on page 7.

Detailed figures of the cases referred for the various forms of treatment are given in the following pages.

#### MINOR AILMENTS

The following table shows the numbers of cases seen and treated at the minor ailments clinic, with comparative figures for the preceding three years:-

		No. of children attending		No. of treatments in school (dressings)
		Inspection Clinic	Treatment Clinic	
1950	...	956	863	1,947
1949	...	1,119	1,029	3,666
1948	...	1,686	1,482	7,171
1947	...	1,334	1,022	14,390

It will be noticed that there is again a fairly considerable drop in the number of children attending the clinic for inspection and treatment, and also in the number of children treated in school by the nurses. As noted in the preceding paragraph this is probably due in a large part to the "free" general practitioner service available to all ages. It is likely that this figure will decrease still further when the general medical practitioner services are adequate to cope with all cases.

An analysis of the cases seen at the inspection clinic is reproduced below. The majority of these cases are referred to the clinic by school nurses, teachers, school attendance officers and parents. The figures for 1949 are given for comparison.

				1950	1949
Ringworm - Scalp	...	...	...	-	-
Body	...	...	...	6	1
Scabies	...	...	...	22	38
Impetigo	...	...	...	79	113
Other skin diseases	...	...	...	7	17
Eye diseases	...	...	...	91	119
Ear defects	...	...	...	126	194
Miscellaneous ailments	...	...	...	617	636
Uncleanliness	...	...	...	3	1
No treatment required	...	...	...	5	-
				<u>956</u>	<u>1,119</u>

The above cases made 1,155 attendances at the inspection clinic.

It will be noted that there is a considerable decrease in the numbers attending for defects of the ear, and impetigo.

A number of children seen at the inspection clinic did not require treatment; of the cases in which treatment was advised the large majority were treated in the school clinic, a relatively small number being referred to the local medical practitioners and the hospitals in the area.

#### TREATMENT AT THE SCHOOL CLINIC

The school clinic provides a comprehensive minor ailments service for schoolchildren. All children are examined by the medical officer and treatment is carried out as often as is necessary by the school nurses. Children requiring more elaborate forms of treatment are referred elsewhere as stated above. Treatment is confined to surface conditions (e.g., ointments, skin dressings, etc.) and no form of internal treatment such as medicines, etc., is dispensed; this is outside the scope of the School Health Service.

Particular care is taken in the ascertainment of infectious and contagious diseases, and suspicious cases are excluded where necessary; this applies particularly to impetigo and scabies.

The following table gives a comparative analysis of the cases treated at the clinic during 1949 and 1950:-

	Numbers treated		Number of attendances	
	1950	1949	1950	1949
Ringworm - Scalp ...	-	-	-	-
Body ...	7	1	87	3
Scabies ... ..	10	38	12	81
Impetigo ... ..	78	113	280	483
Other skin diseases ...	7	17	20	43
Eye disease ... ..	92	119	311	504
Ear defects ... ..	168	193	1,429	1,954
Miscellaneous ailments	501	548	1,784	2,151
TOTALS ... ..	863	1,029	3,923	5,219

(The miscellaneous cases consist of various unclassified ailments, e.g., minor injuries, bruises, sores, chilblains, etc.)

The drop in the number of attendances and number treated is evenly distributed, indicating that the same type of work is being done and that a larger number are going elsewhere for treatment.

There is again a marked fall in the number of cases of scabies during the year. All cases are treated at a centre set up at Aikin Street Isolation Hospital. They are referred by the medical officers and treated at the centre by a bath and the application of benzyl benzoate emulsion, after which they are able to return to school.



They return to the clinic to be re-examined by the medical officer two weeks later. The system of treatment is effective and results in little loss of school attendance.

The high average attendance rate for defects of the ear (approximately 9 per patient) gives some indication of the magnitude of the problem of the discharging ear. This is probably the most important single defect dealt with at this clinic, and is responsible for much waste of school time. Many of these are of the chronic type and are frequently due to neglect, and it cannot be too strongly urged upon the parents to secure treatment at the onset of the condition.

The institution during the year under review of treatment of acute otitis media with penicillin has had extremely favourable results on the duration of the discharge and on the total number of cases of running ear found at routine inspection (see remarks on Nose and Throat Defects on page 23). The effect of this treatment on the long-standing discharging ear is not nearly as good. All cases receiving penicillin injections are seen by the Ear, Nose and Throat Consultant.

#### TREATMENT IN THE SCHOOLS

For reasons stated previously the number of children treated in school has also decreased.

The number of children excluded by the medical officers and nurses on their visits to the schools was 241 (see details below).

	Boys	Girls	Total
Infectious diseases	4	7	11
Contagious diseases	1	8	9
Miscellaneous conditions	1	-	1
Uncleanliness	37	183	220
Totals ...	43	198	241

The details with regard to the dressings applied by the nurses in schools are given below.

	Boys	Girls	Total
Ringworm - Scalp ...	-	-	-
Body ...	-	3	3
Scabies ...	-	-	-
Impetigo ...	42	38	80
Other skin diseases	23	37	60
Minor eye defects ...	46	106	152
Minor ear defects ...	59	65	124
Miscellaneous conditions	755	773	1528
Totals ...	925	1022	1947

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 40 in Table III.

## VISUAL DEFECTS

The consultant ophthalmologist, Dr. S.B. Smith, holds a weekly clinic for the examination and treatment of errors of refraction and cases of squint at the Warrington General Hospital. This clinic is reserved exclusively for schoolchildren referred by the school health department, and from our observation it would appear that the great majority of cases still come to our clinic for examination even though facilities for free treatment are now available to children of school age under the Supplementary Ophthalmic Services.

Table IV Group II in the Appendix shows that 704 children received treatment during the year. Of these 587 were dealt with at the ophthalmic clinic at the Warrington General Hospital, 92 at the Minor Ailments Clinic, and 25 at the Warrington Infirmary.

At the present time there is no information available regarding the precise number of children provided with glasses. The arrangements for the provision of spectacles through the Hospital and Specialist Services continued during the year and are apparently working quite smoothly. However, to enable us to follow up the cases in which glasses are prescribed, with a view to ensuring that the parents take the necessary steps to obtain glasses, it is essential that we should receive detailed information regarding the progress of these cases following the ophthalmic examinations. At the present time this information is not available but it is hoped that arrangements can be made in the future to rectify this position.

It is encouraging to note that the time lag between the eye examination and the provision of glasses has shown a further marked decrease in recent months.

## ORTHOPTIC CLINIC

The orthoptic clinic is conducted at the Warrington General Hospital under the supervision of the consultant ophthalmologist.

The number of attendances at the clinic during 1950 was as follows:

School children	...	...	...	1635
Pre-school children	...	...	...	330
Children from other authorities:				
Lancashire C.C.	...	...	...	126
Cheshire C.C.	...	...	...	278
Total attendances	...	...	...	<u>2369</u>

## SQUINT OPERATIONS

Children in need of operative treatment are noted by the ophthalmologist and are referred to the Manchester Royal Eye Hospital. Owing to the acute shortage of hospital accommodation and particularly of nursing staff in the Royal Eye Hospital, the waiting period for operations for squint is extremely long, with a minimum of three to four years. It is likely, however, that



this position will be considerably eased in the near future. Where suitable, children awaiting operations receive weekly treatment at the orthoptic clinic.

Over 180 children are awaiting operations at Manchester Royal Eye Hospital. The number admitted for operation in the year 1950 was 13.

It is expected that in the not too distant future some provision will be made locally for these operations with a view to cutting down the present awaiting period.

#### EAR, NOSE AND THROAT DEFECTS

The number of cases referred for treatment of defects of the ear, nose and throat will be found in Table II. As already stated on page 11, however, these figures include all defects, however slight, in which treatment is indicated and a number of these cases are dealt with at the school clinic or by the family doctor. Cases which do not readily respond to treatment and all cases requiring operative treatment are referred to the ear, nose and throat consultant, Mr. W.E. Hunter.

In April, 1950, the inspection clinic at the Warrington General Hospital was discontinued, and Mr. Hunter now conducts the clinic, under the auspices of the Local Education Authority, at the Health Department on Wednesday afternoons. This is a much more satisfactory arrangement.

Mr. Hunter is assisted at the clinic by two school nurses who are also in attendance at the School Clinic where the treatment is carried out, thus ensuring the necessary continuity which is essential, especially in the case of intensive treatment with penicillin.

The fact that the clinic is held on our own premises also enables us to keep a close supervision over defaulters and others who do not attend.

The operation session is carried out as before on Thursday evenings at the General Hospital.

Details of the work of the ear, nose and throat clinic during the year are given below.

#### Received operative treatment:-

(a) for diseases of the ear	...	...	...	...	3
(b) for adenoids and chronic tonsillitis	...	...	...	...	193
(c) for other nose and throat conditions	...	...	...	...	7
Received other forms of treatment	...	...	...	...	94
No treatment required	...	...	...	...	37
Refused treatment	...	...	...	...	44
Left school or district before treatment was completed	...	...	...	...	10
Total cases referred	...	...	...	...	<u>388</u>

Of the above, 78 children were still under treatment at the end of the year.

The total number of attendances at the inspection clinic during the year was 909, and there were 1,475 attendances for treatment. In addition, 101 children received treatment for ear, nose and throat defects at the minor ailments clinic.

Particulars of treatment given at the Warrington Infirmary to schoolchildren were also made available to us during the year. Details are given below.

Received operative treatment:-

(a) for diseases of the ear	...	...	...	...	2
(b) for adenoids and chronic tonsillitis	...	...	...	...	59
(c) for other nose and throat conditions	...	...	...	...	9
Received other forms of treatment	...	...	...	...	7
					—
					77
					—

## DEAFNESS

From the preventive point of view, the problem of deafness is attacked by early ascertainment, particularly in cases of aural discharge and other defects of the ear, nose and throat. The ascertainment of slight deafness, particularly of high-frequency deafness, is a difficult matter.

## AUDIOMETRY

A group-testing audiometer of the gramophone type was obtained early in the year and after a series of preliminary trials, routine testing was begun in May. Miss Scarisbrick, after a period of instruction, was appointed as operator to undertake the work.

It was decided to examine the age group 9 - 10 years throughout the schools. Each child who fails is tested a second time, and children failing twice are seen by the medical officer and referred, where necessary, to the Aural Surgeon. The standard of failure is taken as a loss of 9 decibels or more in either ear. Primary examinations are carried out on school premises. The second tests, however, are always done at Arpley Street School.

The results given below are roughly in accordance with those experienced elsewhere with this apparatus and do indicate its usefulness as a method of detecting otherwise unnoticed deafness.

It is hoped that many more children will be examined in the corresponding period next year as a result of the standardisation of electric plugs in the schools and the increased experience in the use of the apparatus.



## Audiometric Tests, 1950

### Primary Tests

Number of schools visited	...	...	...	...	9
Number of group tests	...	...	...	...	46
Number of children tested	...	...	...	...	613
Number of primary failures	...	...	...	...	143

### Secondary Tests

Number of group tests	...	...	...	...	13
Number of children tested	...	...	...	...	137
Number of double failures	...	...	...	...	33

### Cases disposed of

N.A.D. after treatment	...	...	...	...	6
Receiving treatment	...	...	...	...	3
Awaiting re-test after treatment	...	...	...	...	6
Referred for T. and A. operation	...	...	...	...	11
Referred to Manchester clinic	...	...	...	...	1
For intelligence test - (? educationally sub-normal)					2
Treatment not beneficial	...	...	...	...	2
Under own doctor	...	...	...	...	1
Left district	...	...	...	...	1

## ORTHOPAEDIC DEFECTS

The Orthopaedic Clinic at the Warrington General Hospital began as in previous years under the supervision of Mr. Harman Taylor, whose death, we are sorry to record, occurred on the 15th April, 1950. I would like to place on record my appreciation of the services rendered to the authority by Mr. Taylor over a period of 25 years. Since May, 1950, the clinic has been conducted by Mr. Geoffrey S. Robinson.

A summary of the work accomplished during the year is given below:-

Number of new cases examined	...	...	...	112
Number of cases treated	...	...	...	208
Number of cases in which operations have been performed				12
Number who have attended for remedial treatment	...			127
Number of attendances made for treatment	...	...		1,137

The number of cases discharged from the clinic during the year was 103. The following is a summary of the reasons for discharge:-

No further treatment required	...	...	...	85
Left school - over age	...	...	...	7
Discharged for non-attendance	...	...	...	11
				<hr/>
				103
				<hr/>



The following are the principal types of cases treated at the orthopaedic clinic.

	1950	1949
Flat foot ... ..	44	81
Postural defects ... ..	23	26
Knock knee ... ..	13	36
Club foot ... ..	8	14
Defective gait ... ..	5	7
Muscular paralysis ... ..	16	16
Referred for Ultra-violet light treatment (Sunlight) ... ..	17	28
Foot abnormalities ... ..	36	28
Injuries etc. ... ..	39	26
Miscellaneous defects ... ..	7	10

As a matter of administrative convenience all children requiring Ultra-violet light treatment for any purpose are referred to the orthopaedic clinic; in practice, most of the children so referred are suffering from such conditions as bronchitis and general debility.

Postural defects are rather a matter of training and general development, and advice is always given by the School Medical Officer to parents and to the teaching staff with a view to maintaining that degree of muscle tone and general physique which should be regarded as normal. The main function of an orthopaedic clinic in such cases is in providing expert instruction in exercises and methods of training children.

Treatment generally has followed the same lines as in previous years, and consists principally of physiotherapy, remedial exercises and Ultra-violet light with apparently satisfactory results.

#### SPEECH DEFECTS

The speech therapy clinic was accommodated in a room adapted for the purpose in the Arpley Street School, and was open on three days per week. There is a long waiting list for treatment, as will be seen in the figures given below, and there is no doubt that an authority of this size needs a full-time speech therapist.

For the year under review we shared the services of a speech therapist with the Chester Local Education Authority but this arrangement terminated at the end of the year when Miss Hastings took up a full-time appointment at Chester.

I am indebted to Miss I. W. Hastings, speech therapist, for the following details of treatment given in 1950:-

Number of attendances at the clinic	...	...	1,092
Number of cases treated	...	...	73
Number who refused treatment	...	...	2
Number discharged as satisfactory	...	...	24
Number temporarily discharged	...	...	2
Number who left before treatment was completed			7
Number of new cases referred	...	...	48
Number of new cases interviewed	...	...	11
Number awaiting treatment after interview	...		18
Number awaiting interview	...	...	199

The year has been a satisfactory one in the Speech Therapy Clinic. Co-operation between all departments has been maintained, and attendance at the clinic has been good, in spite of illness and inclement weather.

An experiment has been carried out this year which shows in the figures given. The therapist this year scaled down the number of patients given treatment, and the number of interviews to new patients. The extra time given to the slightly fewer number of patients has resulted in a higher rate of discharge.

It is still, however, a question for debate whether this is more satisfactory than treating a greater number of children over a longer period.

#### CHIROPODY

Details of the cases treated during 1950 are as follows:-

	Cases	Number of Attendances
Verrucae ... ..	97	438
Non-verrucae ... ..	24	50
	<hr/> 121 <hr/>	<hr/> 488 <hr/>

For the treatment of verrucae, corns and hypertrophied skin conditions of the foot, arrangements are made with Mr. E. Dewar, M.Ch.S. For each treatment an individual appointment is made and there is no fixed session. Contrary to the practice in certain other authorities, foot conditions outside those listed above are referred back and dealt with at the orthopaedic clinic if necessary. No true distinction between verrucae (warts) of the hand and foot can be made as they are similar pathological conditions. Accordingly, Mr. Dewar has consented to treat certain cases of warts on the hands. A chiropody service is of great value to schoolchildren and includes a great deal of work that cannot conveniently be performed by the school medical staff.



## CONVALESCENT HOME TREATMENT

Full use is made of the restricted accommodation available. Most of the institutions coming under the heading are conducted by voluntary bodies and application is made for individual cases to be admitted. Owing to the shortage of accommodation great care has to be exercised in the selection of the ideal type of case for admission.

Convalescence, in the sense in which it is generally used, that is, a period of ambulant stay in hospital following a severe illness, is not properly the function of the Local Education Authority. There are certain cases, however, which do not fit conveniently into this or any other category and are not the responsibility of other authorities; these are the cases whose care is undertaken by the Local Education Authority.

Children suffering from the following conditions have been sent to convalescent homes during the year:-

Bronchitis  
Post-pneumonia  
Chorea and general debility.

It should be noted that none of these three children had been treated in hospital.

## OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

A complete paediatric consultant service has been established in Warrington and was conducted in the first instance by Dr. A.E. McCandless. The consultant paediatrician sees by appointment any children referred by the school medical officers. Many schoolchildren, however, are referred by their own private doctors, so that it is impossible to give any statistical summary of the numbers and types of conditions so seen. This is not a re-duplication of service as the conditions referred by the school medical officers are usually found at routine inspections or special examinations.

The child's own doctor is given a report by the Consultant on all children sent by the school medical officers.

Dr. McCandless resigned in September, 1950, and was succeeded by Dr. H. Angelman.

The following is a list of the hospitals to which children have been referred during the year:-

Warrington General Hospital  
Warrington Infirmary  
Manchester Royal Eye Hospital  
Alder Hey Children's Hospital  
Liverpool Ear, Nose and Throat Hospital  
Leasowe Children's Hospital  
Heswall Children's Hospital  
Abergele Children's Hospital  
Royal Liverpool Children's Hospital



The cases we are concerned with in this paragraph fall under the heading of general medical or surgical disorders, and as such are dealt with mainly in the first two hospitals named.

## H A N D I C A P P E D     P U P I L S

The following is the Ministry of Education official classification of handicapped pupils showing the numbers accommodated in special schools on the 31st December, 1950:-

Blind ... ..	1
Partially-sighted ... ..	12
Deaf ... ..	7
Partially-deaf ... ..	3
Delicate ... ..	4
Diabetic ... ..	-
Educationally sub-normal ... ..	8
Epileptic ... ..	3
Maladjusted ... ..	-
Physically handicapped ... ..	-
Pupils with speech defect ... ..	-
Pupils with dual or multiple disabilities ... ..	-

In addition to the above, a number of children have been ascertained as handicapped pupils and require education in special schools, but have not yet been placed, mainly because of the difficulty in finding accommodation. Details are shown below:-

Deaf ... ..	1
Partially deaf ... ..	3
Educationally sub-normal ... ..	17
Maladjusted ... ..	2
Physically handicapped ... ..	2
Blind, Deaf and Educationally sub-normal (multiple disabilities) ... ..	1

It is possible for pupils to be suffering from these conditions to such a moderate extent that they are educable within the ordinary school system. Such children are not listed as handicapped pupils, consequently the above tables do not represent the total numbers.

The Local Authority has included in its development plan certain proposals for special school accommodation. Reference is made to the detailed proposals under the various categories of handicapped pupils in the following pages.

### BLIND

At the present time there is only one blind pupil from this authority receiving education in a special school. This is a girl in residence at a secondary school for blind pupils, and she is progressing very favourably.

In general, there is no great difficulty in finding places in special schools for blind pupils although there is a waiting list at all the schools and some time must elapse before a child can be admitted.

#### PARTIALLY-SIGHTED

The special class for partially-sighted pupils takes most of the cases falling into this category and only in rare instances is it necessary to apply for the admission of a partially-sighted pupil to a residential special school.

At the beginning of the year there were 11 children on registers of the partially-sighted class. Two boys reached school-leaving age during the year and were placed in employment, one as a porter in a shirtmaking firm, and one as a warehouse assistant. Although certificates of disability were issued, both boys obtained employment without registering as disabled persons. According to reports received, both are making satisfactory progress.

Two new cases were admitted to the class during the year and the number on the registers in December was 11 classified according to the type of visual defect as follows:-

Corneal opacities	...	...	...	...	...	1
Aphakia, with nystagmus	...	...	...	...	...	2
Retinitis pigmentosa	...	...	...	...	...	1
Aphakia	...	...	...	...	...	1
Nystagmus	...	...	...	...	...	3
Congenital Cataracts	...	...	...	...	...	2
Macular degeneration	...	...	...	...	...	1

The consultant ophthalmologist, Dr. Smith, is responsible for the selection of cases for admission to the class. He also pays a visit of inspection to the class every three months and examines each child at the ophthalmic clinic at intervals of not more than six months.

Although the class covers a wide range of ages it is possible, because of the small numbers, for a large measure of individual attention to be given to each pupil.

#### DEAF AND PARTIALLY DEAF

There are fourteen pupils in these two categories, of whom ten (seven deaf and three partially deaf) are placed in residential special schools. Of the remaining four, two are on waiting lists for admission to special schools and two are still receiving treatment.

Parents of deaf children are often unwilling to face the necessity of accommodation in a special school and some difficulty in this connection has been experienced in the past. It is usually possible to obtain vacancies in special schools for deaf pupils even though the child's name must first be placed on a waiting list for admission, sometimes for a considerable period.



The ascertainment of partial deafness is not always an easy matter. It is well known by teachers and others concerned with children that slight degrees of deafness may be present, undetected, for a long time, and may even give rise to suspicions of mental backwardness. Children are often unwilling to acknowledge deafness and this causes some retardation in scholastic attainments.

It is hoped that the regular periodic survey of the hearing of children by means of the gramophone audiometer which is now in use will bring to light those cases of deafness previously unsuspected.

#### DELICATE AND PHYSICALLY HANDICAPPED

There were four children ascertained as delicate, one of whom was suffering from general debility and the other three from asthma or bronchitis. All four were placed in special schools.

Some difficulty is experienced in obtaining vacancies in special schools for children in this category. There are a great number who would benefit from residence in special schools with their emphasis on open-air conditions and regulation of the curriculum to suit the needs of the child, but it is not easy to place even the severest of these cases. This is an urgent problem. The local authority's development plan contains proposals for a day open-air school to accommodate 120 delicate and 30 physically handicapped pupils not in need of hospital treatment, and we look forward to the early implementation of these proposals.

Five children were classified as physically handicapped, and, of these, four were receiving home tuition, and one was attending an ordinary school. Three of the above were unsuitable for attendance at any type of school; the remaining two would be placed in special schools if accommodation were available.

#### EDUCATIONALLY SUB-NORMAL

There were 25 pupils already ascertained as educationally sub-normal, of whom 8 were in special schools and 2 awaiting admission. The needs of the majority of the others could very well be met in a day special school if such accommodation were available.

In addition, a number of children have been ascertained as educationally sub-normal who do not require accommodation in special schools but need special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 37 children were tested, and their disposal was as follows:-

To continue in ordinary schools ... ..	5
Suitable for Special (Day) School ... ..	7
Suitable for Special (Residential) School ...	3
Reported to the Local Health Authority -	
under Section 57 (3), Education Act, 1944 ...	6
under Section 57 (5), Education Act, 1944 ...	2
School leavers - report to L.H.A. under Section	
57 (5) not considered necessary ... ..	6
No action taken - to be re-tested later ... ..	8
 Total ... ..	 <u>37</u>

The formal ascertainment of a child as educationally sub-normal in no way solves the problem of suitably dealing with the child, a problem which is more acute than in most of the other categories of handicapped pupils. It is only in isolated instances that we are able to obtain a place in a special school and then only where there are exceptional circumstances such as the absence of proper home conditions and possibly the appearance of the child before the Juvenile Court as a delinquent.

There is a great need for special school accommodation, both day and boarding, in the area, and it is to be hoped that the Authority's proposals for the provision of a day school for 100 pupils and 30 to 50 places in a boarding school will be implemented in the near future.

#### EPILEPTIC

The problem of the disposal of epileptics is somewhat easier than most of the other categories. To our knowledge, there were three cases of epilepsy in Warrington, all of whom were in boarding special schools.

#### MALADJUSTED

This is a difficult category with regard to definition. There are all degrees of maladjustment, from the simple naughty child to the vicious type. It is only in exceptional cases that there is any necessity for a formal ascertainment. These circumstances are usually of a domestic nature and arise very often from the "problem family".

There were two children listed as maladjusted but in neither case was it possible to obtain a place in a special school.

The placing of maladjusted children is even more difficult than that of the educationally sub-normal, inasmuch as few institutions will accommodate children who are in addition educationally sub-normal: since educational sub-normality and maladjustment frequently occur together this renders the position extremely difficult.



## HOME TUITION

This is a valuable and essential adjunct to the normal educational system. It provides individual tuition for those handicapped pupils who, for one reason or another, are quite unable to attend either an ordinary school or special school. The visiting home teacher is engaged solely upon this work. She devotes at least one complete session per week to each child and sets sufficient exercises to keep the child occupied, according to his or her capabilities, until her next visit.

On the 31st December, 1950, there were five handicapped pupils on the home teacher's register. Of these, four were physically handicapped, and one had the double defect of blindness and deafness.

## WORK OF THE SCHOOL NURSES

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

Due to the lack of accommodation in schools, difficulties are experienced by the nurses carrying out these inspections. In some of the newer schools there is a medical room, which is an ideal arrangement; in the older schools the examination has to be performed in a classroom whilst lessons are in progress, in the hall, or even in a cloakroom.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation against diphtheria, where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and any others which the teacher may wish to bring to the notice of the medical officer.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 90 cases, but only in 3 cases was it necessary to issue Cleansing Orders for the compulsory cleansing of the children at the cleansing station at the Aikin Street Hospital. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below:-

	1950	1949
Number of dressings in schools ...	1,947	3,666
Visits to homes of children (in many cases assisting with treatment) ...	102	189
Attendances at medical inspections in schools ... ..	229	197
Visits to schools for cleanliness inspections and reinspections ...	587	589
Number of cases of uncleanness treated at the school clinic ...	277	196
Number of attendances of uncleanness cases at the school clinic ...	1,073	634

## INFECTIOUS DISEASES AND IMMUNISATION

### ACUTE INFECTIOUS DISEASES

As in previous years the usual preventive measures have been taken with regard to the spread of infectious disease. This work is assisted by the work of the school nurses, health visitors, sanitary inspectors, school attendance officers, and the teaching staff, who are always alert for any suspicious symptoms. There has been no major outbreak of infectious disease during the year under review.

A statement of the number of cases of notifiable infectious disease occurring among schoolchildren during 1949 and 1950 is given below:-

	1950	1949
Scarlet fever ... ..	69	128
Whooping cough ... ..	65	32
Acute poliomyelitis ... ..	1	1
Measles ... ..	322	152
Erysipelas ... ..	1	2
Pneumonia ... ..	7	4
Dysentery ... ..	17	-
Meningitis ... ..	1	-
Respiratory tuberculosis ... ..	-	2
Non-respiratory tuberculosis ...	2	-
Totals ... ..	485	321

### IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign was maintained throughout the year on a routine basis. Immunisation or reimmunisation is offered to all children examined in the entrant and second age groups, and all cases in which parental consent is obtained are immunised at the close of the medical inspection. On the whole, the response has been quite satisfactory.



The relatively small number of children at each school requiring a second injection does not justify a special visit to the school at a later date; accordingly, children are invited to attend for subsequent injections at the school clinic. A special session for this purpose is held each Saturday morning, when vaccination against smallpox is also available. This session also deals with children under five, and odd cases which arise from time to time.

The number of children immunised during the year, at school and at the clinic, was as follows:-

Primary course	...	...	...	...	...	168
Secondary (reinforcement) injection	...	...				796
						<hr/> 964 <hr/>

This large increase in the numbers of secondary injections is due partly to the large number of intermediates examined, and partly to an intensified effort when the routine injection following medical inspection was instituted in the middle of 1949.

The following table will give some idea of the steady diminution in the incidence of diphtheria over the last few years, due, no doubt, to the persistent campaign of immunisation.

#### NUMBER OF CASES OF DIPHTHERIA NOTIFIED

					Children 5 - 15 years	All ages
1950	...	...	...	...	-	-
1949	...	...	...	...	-	3
1948	...	...	...	...	1	6
1947	...	...	...	...	2	7
1946	...	...	...	...	5	24

For the second year in succession no case of diphtheria has occurred amongst schoolchildren in Warrington.

#### ANCILLARY SERVICES

##### NURSERY CLASSES

Children attending the nursery classes attached to the infants' schools are examined every year. Details of the examinations will be found under the heading "Other periodic inspections" in Table I (a) in the Appendix from which it will be seen that 161 children were examined during the year. Of these, 40 were found to require treatment.

These children are also examined each year by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

The usual facilities for immunisation against diphtheria are available, and the nursery class is useful in enabling the medical officers to immunise those children who for one reason or another, were not immunised in infancy. The response is very satisfactory and for this purpose the class is a valuable adjunct in the general campaign for immunisation.

#### PROVISION OF MILK AND MEALS

I wish to thank the Chief Education Officer for the following information concerning the supply of milk and meals in schools.

(a) MILK - The arrangements for the supply and distribution of milk in schools continued in operation as in previous years, one-third of a pint of milk being made available to each pupil daily, free of charge.

Children absent from school because of illness are not deprived of their milk; provided satisfactory arrangements are made by the parents for the collection of the milk from school, such children may continue to receive their daily ration of milk at home.

In July, 1947, the Ministry of Education issued regulations authorising the supply of one pint of milk daily at a reduced price to all children between 5 and 16 years who, by reason of disability of mind or body, are unable to attend school. Parents attend at the local food office and complete forms of application which are then passed to the Education Office. Arrangements are then made for the children to be examined by the Assistant School Medical Officers who sign the necessary certificates.

(b) MEALS - The Education Committee had six school kitchens supplying meals to schools throughout the year, and two more were opened in April, 1950.

Midday meals are served in all the schools. The charge was at the rate of 6d. per day. Free meals are supplied to children of parents whose income is within the Committee's scale.

The following table shows the number of meals supplied on a single day in October, 1950, with comparative figures for the four previous years.

Date	No. of pupils in attendance	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
October, 1950	12,428	531	4,319	4,850	39.02
October, 1949	12,427	610	4,488	5,098	41.02
October, 1948	12,161	567	4,456	5,023	41.3
October, 1947	11,948	697	3,964	4,661	39.0
October, 1946	11,325	806	2,940	3,746	33.1



## PHYSICAL TRAINING

I am indebted to Mr. Phillipson, the Chief Education Officer, for the following report on physical training.

Physical Education in the Authority's schools has developed rapidly during the year, progress in the Secondary Modern Schools being particularly noteworthy. The appointment of specialist teachers in this subject as well as the provision of portable apparatus has contributed largely to the development of the work. All schools have received an increased provision of consumable equipment which has resulted in more enjoyable and efficient lessons. The building up of gymnastic facilities in Secondary Modern Schools is of great importance and by the end of next year all such schools in Warrington should be in a satisfactory position in this respect. In Junior Schools emphasis has been laid on playground equipment with provision of indoor apparatus wherever possible and steady progress has been made with most pleasing results.

Once again the Warrington Teachers' Sports Committee has had an active and successful year. The usual competitions in the major games, athletics and swimming, both inter-town and inter-school, have been organised. During the year the boxing section was revived with success and was able to conduct a Warrington Schoolboys' Championship Tournament and enter competitors in the National Competition.

Swimming in the Warrington schools has proved to be as popular as ever. Special arrangements have had to be made during the year to extend the time-table to meet the requirements of schools, and the co-operation of the Baths Committee in this respect has been most helpful. Examinations for awards of the Royal Life Saving Society have been conducted at regular intervals as well as tests for Warrington Education Committee Certificates with good results. It has been found that this method of setting a swimming standard does provide a great incentive to children particularly so since in Warrington proficiency is rewarded with a season's free pass, generously given by the Baths Committee, and there are also extra awards given by the Liverpool Shipwreck and Humane Society.

The Borough Gymnasium has been well attended throughout the year and a full programme of varied physical activities provided. Efforts have been made to cater for all age groups from schoolchildren to adults and to provide classes for activities of all kinds. The year has seen an important revival in Competitive Gymnastics and it is hoped that eventually some of the competitions traditionally associated with the Borough Gymnasium may be reinstituted. The premises have been used on several occasions for Schoolboy Boxing Tournaments and the facilities available for schools have been of the greatest assistance in the successful revival of Schoolboy Boxing in the town.

The year has been very satisfactory and schoolchildren, young people and adults alike have made good use of the facilities for Physical Education provided by the Education Committee.

## MEDICAL INSPECTION RETURNS

Year Ended 31st December, 1950

Table I

Medical Inspection of Pupils Attending Maintained  
Primary and Secondary Schools

## A. - PERIODIC MEDICAL INSPECTIONS

Number of inspections in the Prescribed Groups				Boys	Girls	Total
Entrants: Age 3	...	...	...	2	2	4
4	...	...	...	66	66	132
5	...	...	...	172	191	363
6	...	...	...	47	55	102
7	...	...	...	17	10	27
Totals (entrants)				304	324	628
Second Age Group: Age 11	...	...	...	1,098	1,136	2,234
Third Age Group: Age 15	...	...	...	640	602	1,242
Total (prescribed groups)				2,042	2,062	4,104
Other periodic inspections -						
Nursery classes	...	...	...	84	77	161
High School for Girls	...	...	...	-	8	8
Boteler Grammar School	...	...	...	10	-	10
Partially-sighted class	...	...	...	6	4	10
GRAND TOTAL				2,142	2,151	4,293

## B. - OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	2,987
Number of Re-Inspections	...	...	...	...	<u>1,007</u>
Total	...	...	...	...	<u>3,994</u>

## C. - PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin)

- NOTES. - (1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) is not necessarily the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	-	173	173
Second Age Group	247	217	442
Third Age Group	70	50	117
Total (Prescribed Groups)	317	440	732
Other Periodic Inspections	-	43	43
GRAND TOTAL	317	483	775



Table II

## A. - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED

31st DECEMBER, 1950

NOTE. - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin ... ..	27	-	52	2
5	Eyes - (a) Vision	317	8	136	15
	(b) Squint	101	1	46	12
	(c) Other	11	-	13	1
6	Ears - (a) Hearing	7	1	8	-
	(b) Otitis Media	16	1	26	-
	(c) Other	5	-	11	-
7	Nose or Throat ...	216	63	238	40
8	Speech ... ..	9	4	37	7
9	Cervical Glands ...	-	2	1	1
10	Heart and Circulation	9	17	3	12
11	Lungs ... ..	24	24	3	13
12	Developmental -				
	(a) Hernia	3	-	2	-
	(b) Other	1	-	-	-
13	Orthopaedic -				
	(a) Posture	5	3	4	-
	(b) Flat foot	18	10	10	4
	(c) Other	31	17	57	6
14	Nervous System -				
	(a) Epilepsy	1	2	2	1
	(b) Other	3	3	1	1
15	Psychological -				
	(a) Develop- ment	9	4	3	-
	(b) Stability	4	4	7	2
16	Other ... ..	10	11	16	13

B. - CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING  
THE YEAR IN THE AGE GROUPS

Age Groups (1)	No. of pupils inspec- ted (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col.2 (4)	No. (5)	% of col.2 (6)	No. (7)	% of col.2 (8)
Entrants ...	628	69	10.99	502	79.94	57	9.07
Second Age Group	2234	256	11.46	1689	75.60	289	12.94
Third Age Group	1242	169	13.60	879	70.78	194	15.62
Other Periodic Inspections	189	24	12.70	152	80.42	13	6.88
TOTALS	4293	518	12.07	3222	75.05	553	12.88

Table III

INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 48,333
- (ii) Total number of individual pupils found to be infested 1,541
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) 90
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) 3

Table IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

- NOTES. - (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.



GROUP I. - DISEASES OF THE SKIN (excluding uncleanness,  
for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm - (i) Scalp ... ..	-	-
(ii) Body ... ..	7	3
Scabies ... ..	10	-
Impetigo ... ..	78	2
Other skin diseases ... ..	7	25
Totals ... ..	102	30

GROUP II. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint ...	92	32
Errors of refraction (including squint) ... ..	* -	580
Totals ... ..	92	612
Number of pupils for whom spectacles were -		
(a) Prescribed ... ..	* -	290
(b) Obtained ... ..	* -	94

\* including cases dealt with under arrangements with the Supplementary  
Ophthalmic Services

GROUP III. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment -		
(a) for diseases of the ear ...	-	5
(b) for adenoids and chronic tonsillitis ... ..	-	252
(c) for other nose and throat conditions ... ..	-	16
Received other forms of treatment ...	185	17
Totals ... ..	185	290

GROUP IV. - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospital ... ..	57	
	by the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient depart- ments ... ..	-	476

GROUP V. - CHILD GUIDANCE TREATMENT

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated at Child Guidance Clinics ... ..	-	11

GROUP VI. - SPEECH THERAPY

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated by Speech Therapists	84	-

GROUP VII. - OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	490	41
(b) Other - 1. General Medical ...	-	109
2. General Surgical ...	-	49

Table V

DENTAL INSPECTION AND TREATMENT

A. - DENTAL INSPECTION

Number of pupils inspected by the Authority's Dental Officers:				
(a) Periodic Age Groups: Age 3	...	...	...	44
4	...	...	...	191
5	...	...	...	481
6	...	...	...	800
7	...	...	...	882
8	...	...	...	886
9	...	...	...	866
10	...	...	...	885
11	...	...	...	788
12	...	...	...	810
13	...	...	...	903
14	...	...	...	834
15	...	...	...	512
16	...	...	...	23
17	...	...	...	27
18	...	...	...	5
Total ... ..	...	...	...	8,937
(b) Special inspections ... ..	...	...	...	1,399
Total (Periodic and Specials) ... ..	...	...	...	10,336



## B. - DENTAL TREATMENT

Number found to require treatment	...	...	...	7,654
Number referred for treatment	...	...	...	7,654
Number actually treated	...	...	...	5,090
Attendances made by pupils for treatment	...	...	...	5,525
Half-days devoted to (a) Inspection	...	...	85	
(b) Treatment	...	...	788	
Total (a) & (b)	...	...	...	873
Fillings: Permanent Teeth	...	...	880	
Temporary Teeth	...	...	3	
Total	...	...	...	883
Number of teeth filled: Permanent teeth	...	...	864	
Temporary teeth	...	...	3	
Total	...	...	...	867
Extractions: Permanent teeth	...	...	911	
Temporary teeth	...	...	5,050	
Total	...	...	...	5,961
Administration of general anaesthetics for extraction				4,017
Other operations - (a) Permanent teeth	...	...	335	
(b) Temporary teeth	...	...	4	
Total (a) & (b)	...	...	...	339

### STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY DURING THE YEAR 1950

	Boys	Girls
Notified under Section 57 (3) of the Education Act, 1944	8	3
Notified under Section 57 (5) of the Education Act, 1944	-	2

### STATEMENT OF THE COST OF THE SCHOOL HEALTH SERVICE

Rateable value, 1st April, 1950	£ 439,904
Estimated product of 1d. rate 1950-51	£ 1,770
Total estimated expenditure on Education, 1950-51	£ 499,273
Total estimated cost of Special Services for Education, i.e. school health, blind, deaf schools, etc. 1950-51	£ 15,648
Total estimated net cost of School Health Services	£ 15,626
Net cost on the rates of School Health Services	£ 6,250
Cost per head of children on school roll	23s.6d. gross 9s.5d. net

